

**510(k) SUBSTANTIAL EQUIVALENCE DETERMINATION
DECISION SUMMARY
DEVICE ONLY TEMPLATE**

A. 510(k) Number:

K032804

B. Analyte:

Lupus

C. Type of Test:

Control

D. Applicant:

Precision BioLogic

E. Proprietary and Established Names:

CryoCheck Weak Positive Control

F. Regulatory Information:

1. Regulation section:
21 CFR 864.5425
2. Classification:
Class II
3. Product Code:
GGC
4. Panel:
81 Hematology

G. Intended Use:

1. Indication(s) for use:
CryoCheck Weak Positive Control is prepared from human source plasma and is recommended for use as a positive control in assays for lupus anticoagulant.
2. Special condition for use statement(s):
3. Special instrument Requirements:

H. Device Description:

I. Substantial Equivalence Information:

1. Predicate device name(s):
CryoCheck Positive Control
2. Predicate K number(s):
K952623

3. Comparison with predicate:

Similarities		
Item	Device	Predicate
Material	Human source	Same
Intended Use	Use as a positive control in assays for lupus anticoagulant	Same
Format	Frozen	Same
Differences		
Item	Device	Predicate
Potency	Weak Positive	Strong Positive

J. Standard/Guidance Document Referenced (if applicable):**K. Test Principle:****L. Performance Characteristics (if/when applicable):**1. Analytical performance:

a. *Precision/Reproducibility:*
Intra-Vial Precision (%CV)

PT - 0.55% APTT - 0.62%

b. *Linearity/assay reportable range:*

c. *Traceability (controls, calibrators, or method):*

d. *Detection limit:*

e. *Analytical specificity:*

f. *Assay cut-off:*

2. Comparison studies:

a. *Method comparison with predicate device:*

b. *Matrix comparison:*

3. Clinical studies:

a. *Clinical sensitivity:*

b. *Clinical specificity:*

c. *Other clinical supportive data (when a and b are not applicable):*

4. Clinical cut-off:

5. Expected values/Reference range:

M. Conclusion:

Based on a review of the precision data, and device labeling I recommended that this device is found substantially equivalent to a legally marketed device.